



Bib Data Sheet


**UNITED STATES DEPARTMENT OF COMMERCE**  
**Patent and Trademark Office**

 Address: COMMISSIONER OF PATENTS AND TRADEMARKS  
 Washington, D.C. 20231

<b>SERIAL NUMBER</b> 09/319,222	<b>FILING DATE</b> 08/23/1999 <b>RULE</b> -	<b>CLASS</b> 348	<b>GROUP ART UNIT</b> 2713	<b>ATTORNEY DOCKET NO.</b> 003300-570
------------------------------------	---------------------------------------------------	---------------------	-------------------------------	------------------------------------------

**APPLICANTS**  
 BJORN HEED, GOTEBOURG, SWEDEN;  
 STEFAN WITTE, VASTRA FROLUNDA, SWEDEN;

**\*\* CONTINUING DATA \*\*\*\*\*** *yes, Chow*  
 THIS APPLICATION IS A 371 OF PCT/SE97/01846 11/05/1997

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** *yes, Chow*  
 SWEDEN 9604522-4 12/09/1996

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>Chow</i> Examiner's Signature Initials	<b>STATE OR COUNTRY</b> SWEDEN	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 8	<b>INDEPENDENT CLAIMS</b> 1
------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------	----------------------------	--------------------------	--------------------------------

**ADDRESS**  
 BENTON S DUFFETT JR  
 BURNS DOANE SWECKER & MATHIS  
 PO BOX 1404  
 ALEXANDRIA, VA 223131404

**TITLE**  
 VIEWING INSTRUMENT

<b>FILING FEE RECEIVED</b> 1035	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
------------------------------------	-------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------